U.S Department of Labor Office of Labo -Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E QUE BOT	
1 File Number U - [9843]	2 Fiscal Year Covered From
	[] / [] / [04] Through [12/3] / [04]
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name DOUGLAS 17 PIANT	Name SHEET METAL WORKERS LOCAL#36
	Labor Organization File Number 5-40142 035367
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 1280 SOUTH SUMMIT	Street 301 SOUTH FWING AUE
City HOLIS SUMMIT	City ST LOUIS
State MISSOURT ZIP Code + 4 65043	State MISSOURI ZIP Code +4 63103
5 Position in labor organization EXECUTIVE BOARD MENBER COLUMBIA AREA	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade nam∈, if any)	7 a Nature of Interest, Transaction, or Income
Name	
Trade Name, if any	
P O. Box, Bldg , Room No , if any	
	7 b Amount
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Penury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 15 A	On 8/5-05 573-896-4794 Date Telephone Number

Name of Person Filing	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P.O Box, Bldg , Room No , if any Street City State ZIP Code + 4	9. Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name CENTRIC MISSIONES CONTENTIONS & SHORT METAL WORKS Name LOCAL TO JOINT MIRRITHIC SHIP OF TEXANING CONTRICTED Trade Name, if any: PO Box, Bidg, Room No, if any PO, BOX 471 Street 101 INDUSTRIAL ROAD City FULTON State MISSOUR TO RESIDENCE TO CODE +4 65251	11 a Nature of such dealing WACES FOR INTERNANCE REGIONAL IMPREMILE CONTEST 3-19/3-20-04 = \$407.36 KO HOJES 11.b Approximate dollar value of such dealing 12 a. Nature of interest held or income received	
C. Received from any employer (other than an employer covered under	12.b Amount.	
or from any labor relations consultant to an employer any payment of money 13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any. P O. Box, Bidg , Room No if any Street City State ZIP Code 4 4	14 a. Nature of payment 14 b. Amount of payment.	
13.b is the Business an Employer or Consultant ?	14 b. Pallualit di payribilit	